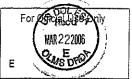
U.S. Department of Labor Office of Labor Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| 1. File Number U - 70918  | 2. Fiscal Year Covered From:   |
|---|--|
| ·   | 01 / 01 / 2005 Through: 12 / 31 / 2005   |
| 3. Name and address of person filing.   | 4. Name, file number, and address of labor organization.   |
| Name ROBERT G DAFT -  | Name SHEET METAL LOCAL # 40  |
|   | Labor Organization File Number 001523  |
| P.O. Box, Bldg., Room No., if any   | P.O. Box, Building and Room Number, if any   |
| Street 48 HORSE HEAVEN RD   | Street 100 A OLD FORGE RD  |
| city WASH/NGTON   | City ROCKY HILL  |
| State CT ZIP Code + 4 06793   | State CT ZIP Code + 4 <b>C6067</b>   |
| 5. Position in labor organization.  |  |
| (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any)  7.a. Nature of Interest, Transaction, or Income.  |  |
| 6. Name and address of Employer (including trade name, if any).   | r.a. Nature of Interest, Transaction, of Income.   |
| Name 1  | The state of the s |
| Trade Name, if any:   |  |
| P.O. Box, Bldg., Room No., if any   |  |
| Street  |  |
|   | 7.b. Amount.   |
| City  | 7.b. Amount.   |
| City ZIP Code + 4   | 7.b. Amount.   |
| t in the second |  |

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Telephone Number

| Name of Person Filing ROBERT G DAFT  | File Number U-   |
|--|--|
| B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. |  |
| 8. Name and address of Business (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4   | 9. Business deals with:  a. Labor Organization  b. Trust  c. Employer  |
|  | 11.a. Nature of such dealing.  |
| 10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  | 11.a. Nature of such dealing.  |
| Street   | 11.b. Approximate doilar value of such dealing.  |
| City   | 12.a. Nature of interest held or income received.  |
| State ZIP Code + 4   | 12.b. Amount.  |
|  |  |
| C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.   |  |
| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name ASSOC. SM+Roof CONTRACOR OF CT  | 14.a. Nature of payment.  TELEVISION FOR DOOR PRIZE  |
| P.O. Box, Bldg., Room No., if any PO BOX 30  Street REGENCY DRIVE  City BLOOM FIELD  State CT ZIP Code + 4 06002   | American Journal Journ |
| 13.b. Is the Business an Employer or Consultant ?  | 14.b. Amount of payment. 4 50.00   |